



**Building**  
Herbert S. Saffir Permitting and Inspection Center  
11805 SW 26th Street  
Miami, Florida 33175-2474  
786-315-2100

miamidade.gov

## REQUESTED REVIEWS

- |  |                                      |                               |                               |                               |                               |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL   | <input type="checkbox"/> BLDG        | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP  | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF  | <input type="checkbox"/> SIGN        | <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR |                               |                               |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW |                                      |                               |                               |                               |                               |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU      |                                      |                               |                               |                               |                               |

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) \_\_\_\_\_ Last Name: (PRINT CLEARLY) \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Office/Home Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Comments:

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**NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS**

## -FOR OFFICE USE ONLY-

**TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING TECHNICIAN:**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clerk Name: \_\_\_\_\_ Arrival Time: \_\_\_\_:\_\_\_\_

Process No(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- |                                      |                                     |  |                                       |
|--------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Walk-Thru   | <input type="checkbox"/> Drop-Off   | <input type="checkbox"/> Rework        | <input type="checkbox"/> Re-Issue     |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Plan Revision | <input type="checkbox"/> Shop Drawing |

### TO BE COMPLETED BY PLANS PROCESSING TECHNICIANS:

- |   |   |   |
|---|---|---|
| BLDG <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | HCAP <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | ROOF <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| DERM <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | LAND <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | SIGN <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| ELEC <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | MECH <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | STRU <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |
| ENRG <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | PLUM <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N | ZNPR <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N |

Customer Notified By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_